

Federal Employer's
Identification No.

STATE OF WISCONSIN
OFFICE OF THE COMMISSIONER OF INSURANCE
P.O. Box 7873
Madison, WI 53707-7873

APPLICATION FOR LIMITED CERTIFICATE OF AUTHORITY—WARRANTY PLAN

TO: Office of the Commissioner of Insurance

Application is hereby made for a limited Certificate of Authority pursuant to ch. 15, Wis. Adm. Code, and in support thereof, the following information and documentary evidence is submitted:

1. Type of organization (corporation, association, etc.):

_____ Warranty Plan _____ Warranty Plan Administrator _____ Incorporation Date

2. Name of organization:

3. Street address:

City:

State:

Zip:

Telephone number:

4. Address of applicant's home office:

City:

State:

Zip:

Telephone number:

5. Name of attorney or principal filing this application:

6. Street address of person filing this application:

City:

State:

Zip:

Telephone number:

7. A filing fee of \$400.00 as required by s. 601.31 (1) (a), Wis. Stat.
8. A copy of the Certificate of Incorporation, if applicable.
9. A copy of the Articles of Incorporation, if applicable.
10. A copy of the Bylaws, certified by the Secretary of the organization.

11. Name and residence address of each Director or Officer.
12. Biographical Statements that will evidence that the management of the organization is competent and trustworthy and can successfully manage its affairs in compliance with the law. (Forms attached.)
13. A statement of the history and operations of the sponsor including a detailed description of the plan for conducting a warranty business in Wisconsin.
14. Copies of all agreements relating to the warranty plan in Wisconsin to which any person is or will be a party including:
 - a. Warranty contract.
 - b. Insurance contracts procured and furnished pursuant to Alternate Security Requirements [s. 15.01 (8), Wis. Adm. Code].
 - c. Contracts with any administrator, marketing agent, or other entity.
 - d. Contracts with providers of any service to be performed pursuant to the obligations assumed under the warranty contract.
 - e. Any other contract with affiliates or others relating to administration of plan or provision of benefits or services.
15. A copy of the applicant's most recent financial statements of the warranty plan prepared on an accrual basis in accordance with generally accepted accounting principles and audited by an independent certified public accountant.
16. A detailed statement of how the program will be marketed in Wisconsin.
17. Submit the enclosed designation of registered agent form along with application.
18. Financial Security Requirements - \$50,000 plus 15% of the warranty fees and charges collected from consumers for unexpired warranty contracts in force in Wisconsin. The amount and form of the security shall be approved by the Commissioner and shall be in one or a combination of the following:
 - a. Deposit of securities under s. 601.13, Wis. Stat., held for the benefit of Wisconsin consumers.
 - b. An irrevocable letter of credit from a bank properly chartered by the federal government or any state and that is acceptable to the Commissioner and issued for a term of at least five years with provision for renewal two years before termination. The letter of credit shall be payable to the Commissioner or his designee for the benefit of Wisconsin consumers upon a finding by the Commissioner that a warrantor is insolvent and unable to meet its obligations under warranty contracts issued in Wisconsin.
19. ALTERNATE SECURITY REQUIREMENTS. In lieu of the financial security requirements, the warrantor may file an insurance contract procured from an insurer authorized to transact business in Wisconsin under which the insurer assumes the obligations of the warrantor arising out of warranty contracts issued in Wisconsin to the extent that such obligations are not fulfilled by the warrantor due to insolvency or other financial impairment of the warrantor.

I do solemnly swear or affirm that I am familiar with the laws of Wisconsin relating to warranty plans; that all the foregoing information and documentary evidence submitted is true and correct to the best of my knowledge and belief.

Authorized Signature	Title
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BIOGRAPHICAL FORM A

(NAIC Biographical Form Acceptable)

Ref: ss. 617.11, 618.11, Wis. Stat.
ss. Ins 6.52, ch. Ins 40, Wis. Adm. Code



State of Wisconsin
Office of the Commissioner of Insurance
125 South Webster Street
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

STATEMENT OF EDUCATION, PRIOR OCCUPATION, BUSINESS EXPERIENCE, AND SUPPLEMENTARY INFORMATION

STATE OF _____:
COUNTY OF _____:

The undersigned, being first duly sworn upon oath deposes and says:

1. The affiant's full name is (initials not acceptable):
2. The affiant's official title and principal duties with the insurance company are or will be:
3. The affiant's business address is:

Telephone: _____

4. The affiant's residence address is:

Telephone: _____

5. The affiant's age is: _____

Sex: _____

Birthplace: _____

Birthdate: _____

Social Security No. _____

6. The affiant was never known by any other name(s) other than that shown above, except as follows (state such other name(s), when used, reason for change, and date of adoption of present name):
7. The affiant will subscribe to or owns, beneficially or of record, the following amount of shares of stock of the insurance company and the consideration given for same:
8. The affiant states that his or her capital investment in the insurance company was not obtained from borrowed funds, except as follows:

9. The nature and tenure of each occupation or employment of the affiant for the last ten years prior to the date of this statement is as follows (present a continuous schedule, including time spent at educational institutions, and period of employment):

Beginning Date	Name and Address of Employer of School	Business Capacity or Title	Termination Date	Reasons for Termination

10. The affiant's educational history is as follows (include all schools attended of the college or graduate level):

Name and Address of Institution	Course	Attendance No. Years/Dates	Degree Received	Date of Degree

11. The affiant has never been convicted of a felony, except as follows:
12. The affiant has never been named in a criminal or civil action in which fraud was an issue, except as follows:
13. The affiant is not an officer or director and has no other relationship with any other insurer which has the effect of lessening competition substantially or in which such insurers have material adverse interests except as follows:

Subscribed and sworn before me, a
Notary Public, this _____ day
of _____, _____.

(SEAL)

My commission expires: _____

(Signature of Affiant)

Notary Public